PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used

indicated unless correct maintenance fee notifica	a) specifying a new corr	espondence address	vill be π ;and/or	nailed to the current (b) indicating a sepa	ould be completed when correspondence address a rate "FEE ADDRESS" for		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
1221 NICOLLE SUITE 800	SEAGER & TUF T AVENUE	72010 TE, LLC		Cer	tificate :	of Mailing or Trans	nission deposited with the United class mail in an envelope above, or being facsimile te indicated below.
MINNEAPOLIS	S, MN 55403-2420			achel Gagliardi		Q.	(Depositor's name)
			_	K-Ongli	لہو	<u>دن</u>	(Signature)
				arch 25, 2010			(Date)
APPLICATION NO.			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/686,154 TITLE OF INVENTION	10/15/2003 HETHOD OF SECUR	ING VERTEBRAE .	Thomas W. Davison		13	291.1134102	6193
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$0		05/05/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	7			
BUI, VY Q		3773	600-102000	,			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O							
PLEASE NOTE: Unle recordation as set forth	ess an assignee is identi i in 37 CFR 3.11. Comp	fied below, no assignee of letion of this form is NOT	data will appear on the p I a substitute for filing an	atent. If an assigne assignment.	e is iden	ntified below, the doc	cument has been filed for
(A) NAME OF ASSIC			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Zimmer Spine, Inc. Minneapolis, MN							
Please check the appropri	ate assignee category or	categories (will not be pri	inted on the patent):	Individual 🗹 Co	rporation	or other private grou	p entity Government
la. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50.0413 (enclose an extra copy of this form).				
Change in Entity State	us (from status indicated SMALL ENTITY status						
OTF. The Issue Fee and	Publication Fee (if requi		b. Applicant is no lon from anyone other than t	he applicant; a regis	tered atto	Y status. See 37 CF) orney or agent; or the	assignee or other party in
Authorized Signature		Mark	4/10	Date March 2	25, 201	0	
	NANCY J. PARSONS		Registration No. 40,364				
		FR 1.311. The information U.S.C. 122 and 37 CFR 1 USPTO. Time will vary den, should be sent to the NOT SEND FEES OR Corsons are required to resu	n is required to obtain or t .14. This collection is est depending upon the indiv Chief Information Office OMPLETED FORMS TO				y the USPTO to process) gathering, preparing, and you require to complete ment of Commerce, P.O. r Patents, P.O. Box 1450,